



City of Kennesaw Business License
2529 J. O Stephenson Ave
Kennesaw, GA 30144
Phone – 770-424-8274 Fax – 770-429-4559
Web site: www.kennesaw-ga.gov

**Checklist and application for an
Alcoholic Beverage License – Sole Proprietor**

- ☐ 1. The application must be completed in its entirety before being accepted by the Business License Office. Each question must be answered.
- ☐ 2. Provide one original and one duplicate of the completed application and all attachments.
- ☐ 3. The application and all attachments **must be typed or legibly printed in black ink**. The Business License Division reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible by the City of Kennesaw Business License Clerk.
- ☐ 4. Personal information must be submitted for the licensee, and owner. The Business License Department reserves the right to request personal information on owners and licensees. (One personal information packet is attached) (Pages 13-18)
- ☐ 5. Complete a personal financial statement for the owner/ licensee. Include assets, liabilities, and capital/retained earnings. (Page 19)
- ☐ 6. The licensee must reside in the State of Georgia.
- ☐ 7. All applications for a new Alcoholic Beverage License that are approved after January 1, 2003, will not be accepted unless the licensee provides a certificate of attendance by the **licensee** to an approved alcohol sales and services workshop for owners and managers as per Alcoholic beverage Ordinance Sec. 6-69. The City of Kennesaw Business License Clerk must receive the original certificate issued by an approved workshop.
- ☐ 8. Applicants for a license to sell alcoholic beverages on-premises (pouring license) must have a certified public accountant complete, in its entirety, the food and alcoholic beverage sales affidavit and submit it with the application (form attached). The food and alcoholic beverage sales affidavit must have an estimate based on the business plan, menu, estimated sales, etc. The food and alcoholic beverage sales affidavit must be signed by the accountant and the licensee. The licensee and accountant must be able to support the information submitted on the affidavit at the Business License Department's request. The sale of alcoholic beverages on Sunday is only authorized for those licensees that possess an alcoholic beverage-pouring license, and submit a food and alcoholic beverage sales affidavit indicating fifty percent (50%) of the food and alcoholic beverage sales is from food sales.
- ☐ 9. **POURING LICENSE APPLICATIONS ONLY-** Please provide the following for a pouring license application:
 - ___ a. Floor plan of the entire location
 - ___ b. Structural plan indicating dining area, tables, bar area, kitchen, dance area, pool tables, games, and any other entertainment
 - ___ c. Complete menu
 - ___ d. Pictures of the location being applied for (pictures must depict all inside area and outside paved parking)
 - ___ e. Health Department Certificate

- ☐ 10. Persons that are not U.S. Citizens must provide **original** Immigration Card I-551 to the Business License Staff for verification and copying. Naturalized citizens must provide their **original** certificate of naturalization for verification by Business License Staff. This applies to the licensee, each owner, each partner, and each stockholder with 20% or more ownership, and the spouses of the licensee, each owner, each partner, and each stockholder with 20% or more ownership. (Passports will not be accepted) If none of the above exists, please provide original documents that authorize you to legally be in the United States.
- ☐ 11. A signed and notarized consent form must be provided for the licensee, and owner. (Page 18.)
- ☐ 12. Submit two (2) fingerprint cards for the **licensee**. **Fingerprint cards can ONLY be obtained from the City of Kennesaw Business License Department.** Fingerprinting must be done the same day the application is submitted.
- ☐ 13. There is a \$ 350.00 application fee payable to the City of Kennesaw by certified check, cashiers check or money order. This application fee must be paid when the application is submitted. **This fee is non-refundable.**
- ☐ 14. Provide three (3) photographs with the personal information of the licensee, each owner, each partner, and each stockholder with 20% or more ownership. Photographs must be 2X2 and less than a year old. (Page 13).
- ☐ 15. Submit a note of indebtedness where capital is borrowed. The note of indebtedness must include the name of the lender, debtor, date, signatures, interest rate, amount of loan, and length of obligation. (Page 9, Question 12)
- ☐ 16. Provide an executed and dated Purchase Agreement – if you are buying an existing establishment. Provide a copy of a lease and/or sublease, contract, management agreement, and/or purchase agreement or deed for the property, and must be executed by all parties involved.
- ☐ 17. Provide plats of proposed site (distance survey) – **TWO (2) BLUE LINE COPIES (8 ½ X 11)** – completed by a certified surveyor, drawn to scale 1" = 200'. Each survey must contain a 300-ft. radius circle and a 600 ft. radius circle from the nearest customer entrance. Distance is measured from the nearest customer entrance in a straight line to the nearest property line. Each parcel (property) must have the zoning designation clearly labeled. Property lines must be displayed along with the zoning designation for each property. The surveyor must provide the specific distance in feet from the customer entrance of the proposed location to the nearest property line of the nearest residence, church, park, school, day care center, and library. The survey must indicate which tenant space, if in a shopping center, the proposed location will occupy, along with a diagram of the shopping center. Failure to provide an accurate survey is cause for denial of the alcoholic beverage application. Please see attached example of a survey. (Example page 6 of checklist) **Surveys for liquor package stores must also indicate the specific distance in feet from the customer entrance to the nearest property line of the nearest liquor package store.**
- ☐ 18. Zoning – Page 7, of the alcoholic beverage application must be completed and one plat signed by a Zoning administrator of the Planning & Zoning Department indicating the zoning designation of the proposed location must be provided. This department is located in the lower level rear entrance (white door) of 2529 J. O. Stephenson Avenue, Kennesaw, GA 30144.
- ☐ 19. All applicants are required to furnish a plan and rendering of the proposed premises. A new location shall also include a copy of a site plan approved by all the departments in the site plan review process. A location is considered new if the location has not previously been occupied for other than residential purposes or on which there is or is to be a new construction. (See Sec. 6-39 Alcoholic Beverage Code)
- ☐ 20. Provide blueprints (approved by Planning & Zoning Department) of the proposed building if it is a new location.

- ☐ 21. **NOTICE** - Any and all false information provided to the Business License Department verbally or written will subject the person that provides this false information to prosecution to the full extent of the law and will subject the application to denial or revocation.
- ☐ 22. **LIQUOR PACKAGE ONLY**- Submit drawings or snapshots of the location of the existing building to show compliance with Sec. 6-39 & 6-100 of the Alcoholic Beverage Code.
- ☐ 23. **LIQUOR POURING ONLY**- A three percent (3%) tax on the price of all drinks containing spirituous liquor, sold by the drink, must be collected by the liquor pouring license holder. The tax must be submitted to the City of Kennesaw Business License Department located at 2529 J. O. Stephenson Avenue, Kennesaw, GA 30144, utilizing the appropriate tax remittance form. These taxes must be submitted by the twentieth (20th) of each month following the month the tax was collected. It is the responsibility of the license holder to obtain the appropriate tax forms from the Business License Department. (See Ordinance 1999-02, Sec. 82-59)
- ☐ 24. For pool tables utilized in the establishment, a separate business license application is required in addition to the alcoholic beverage application and approval is required for pool tables utilized in the establishment.
25. **Once the license is approved, all fees must be paid within fourteen (14) days or the license will be void. All alcoholic beverage license fees must be paid with a certified check.**
26. For your information – Your employees must apply for a permit to serve/sell alcoholic beverages within the city limits of Kennesaw. To obtain a City of Kennesaw Alcohol Server's Permit/ Pouring Permit, go to the City of Kennesaw Police Records Division located at 2539 J. O. Stephenson Ave, Kennesaw, Georgia 30144. (Phone: 770-422-2505). It is the responsibility of the licensee that employees obtain alcohol server's permits. Failure of employees to comply will result in prosecution and possible suspension or revocation of business owner's alcoholic beverage license. (See Sec. 6-69 & Sec. 6-70 Alcoholic Beverage Code)
27. All alcoholic beverage establishments must apply for and receive a State Alcoholic Beverage License prior to stocking and selling alcoholic beverages. State applications can be obtained by contacting the Georgia Department of Revenue Alcohol Division. (Phone: 404-417-4490)
28. Alcoholic beverage establishments must also pay a Federal Special Tax to the Bureau of Alcohol, Tobacco and Firearms.
29. Area alcoholic beverage wholesalers may provide alcoholic beverage training seminars. If interested in this service, please contact your wholesaler to see if this service is available.

30. Fees: Business License/Occupation Tax is in addition to annual fees stated below

	POURING	PACKAGE
LIQUOR	\$3,000.00	\$ 2,000.00
BEER	\$ 400.00	\$ 300.00
WINE	\$ 400.00	\$ 300.00
SUNDAY SALES	\$ 250.00	Not applicable

Licenses approved and issued after July 1, will be prorated for ½ year.

Application Procedures:

Processing of an alcohol application takes a minimum of 3 weeks for Police investigation, advertising and consideration. Proposed locations that are within a 300 foot radius of a property line of a private residence or 600 foot radius of the property line of a school, park, library, daycare center, or church, will take a minimum of 4 weeks consideration by the Mayor & City Council. It is the applicants responsibility to provide adequate proof that there business will not cause any adverse effects if located within 300/600 foot radius if the above mentioned properties (See Amendment Sec. 6-43). No application will be considered without a copy of the certificate issued to the licensee evidencing attendance and completion of the City approved alcoholic beverage policy workshop. Upon receipt of the application, the Business License office will send the application to the City of Kennesaw Police Department for investigation. No action can be taken in regard to the application until the Police investigation has been completed. The Police investigation usually takes 7 – 10 business days but can take up to 30 days. After receipt of the investigation report, the application will be advertised in the Marietta Daily Journal for two consecutive weeks, and the proposed location will need to post a notice (sign given by the Business License Department) for the two weeks during the time of advertisement. The Mayor & City Council will initially consider the application on the Wednesday prior to the scheduled City Council meeting. The final decision will be performed in a public hearing. **A representative must be present.** The Business License Department, will make a recommendation, but has no authority in the decision regarding the license. If the application is approved, the license fee must be paid within two weeks of the approval. You will be notified of the scheduled hearing date. Hearings are held at 6:30 PM the first and third Mondays of each month, with the exceptions of holidays when the hearing is moved to Tuesday. Hearings are held in the Council Chambers located at the rear entrance of Kennesaw City Hall located at 2529 J. O. Stephenson Ave, Kennesaw, Georgia 30144.

If there are any questions regarding the alcoholic beverage application, please contact the Business License Department at (770) 424-8274.

Replace with sample survey page

CITY OF KENNESAW
BUSINESS LICENSE DEPARTMENT
2529 J.O. STEPHENSON AVE.
KENNESAW, GA. 30144
Phone-770-424-8274 Fax 770-429-4559

Application for NEW Alcoholic Beverage Establishment License
Sole Proprietorships

Applying For: Liquor () New () Transfer
Beer () New () Transfer
Wine () New () Transfer
Sunday Sales () New () Transfer

License Type: (Circle One)

Manufacturer
Wholesaler
Retail Package
Retail Pouring

Type of Establishment: (Circle any that apply)

Restaurant
Night Club
Grocery Store
Lounge
Private Club

OFFICE USE ONLY

Agenda Date _____

Ad Dates _____

Signs Posted _____

Decision _____

Alcohol Lic. Acct no.: _____

Business Lic. Acct no.: _____

1. Full name of business _____

a. Under what trade name is the business to be operated _____

2. Business Location _____

a. Mailing address if different _____

b. Phone Number _____ Email: _____

3. Is business within the designated distance of any of the following: (By a Registered Engineer Survey Plat)

a.	School or College	-	600ft. radius	_____ Yes	_____ No
b.	Church	-	600ft. radius	_____ Yes	_____ No
c.	Public Library	-	600ft. radius	_____ Yes	_____ No
d.	Private Residence	-	300ft. radius	_____ Yes	_____ No
e.	Hospital	-	600ft. radius	_____ Yes	_____ No
f.	Public Park	-	600ft. radius	_____ Yes	_____ No
g.	Day Care Center*	-	600ft radius	_____ Yes	_____ No
h.	Alcohol Treatment Center	-	300ft radius	_____ Yes	_____ No

*Must accept GA Pre-K funds or Hope Scholarship Monies.

*Must follow a prescribed state curriculum.

The following distances requirements are for the sales of package liquors only:

Package Sales Only (Liquor):

- | | | | | |
|-----------------------------|---|-----------|-----------|----------|
| i. School or College | - | 200 yards | _____ Yes | _____ No |
| j. Church | - | 100 yards | _____ Yes | _____ No |
| k. Day Care Center* | - | 200 yards | _____ Yes | _____ No |
| l. Alcohol Treatment Center | - | 100 yards | _____ Yes | _____ No |

Package Sales Only (Beer or Wine):

- | | | | | |
|-----------------------------|---|-----------|-----------|----------|
| m. School or College | - | 100 yards | _____ Yes | _____ No |
| n. Alcohol Treatment Center | - | 100 yards | _____ Yes | _____ No |

NOTE- See Code Section 6-1 for the definition of distance in determination of measurement. See Code Section 6-42, and Ordinance #2004-31 (to amend Section 6-43) for explanation of distance requirements.

Do you have a site survey map of the location of the property? _____

IT IS YOUR RESPONSIBILITY TO PROVIDE A SITE SURVEY OF THE PROPERTY FOR WHICH YOU ARE APPLYING AS A LICENSEE.

.....

This section is to be completed and signed by City of Kennesaw Zoning Administrator:

How is the proposed location zoned? _____

If this is an application for a new establishment attach proof of adequate parking facilities of one (1) off street parking space for each (200) square feet of total floor area within the building in conformance with the zoning ordinance and regulations of the City of Kennesaw.

Verified by Planning Division or Zoning Division staff member. _____
Signature of Zoning Administrator

4. Mailing Address: _____
City: _____ State: _____ Zip: _____

E-mail Address: _____

5. Licensee Full Name: _____ Title: _____

SS # _____ Business Phone: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

6. If Sole Proprietor - Owner's Name: _____

SS# _____ Date Of Birth: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

7. List full name and other required information for spouse, parents, step-parents, parents-in-law brothers, sisters, step-brothers, step-sisters, brothers-in-law, sisters-in-law~ children, and step children, if such relatives are related to the licensee or any owner and have, or have had in the past any license or any financial or ownership interest whatsoever in any business dealing in alcoholic beverages.

Name/Relationship	Resident Address	Business Name & Address	% interest
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8. List the full name and address of every owner of the property, on which this business is to be conducted,

Name of Property Owner	Address	Relation to applicant or owner(s)
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9. List the full name and address of every owner of the building within which this business is to be conducted.

<u>Name of Building Owner</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
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_____	_____	_____
_____	_____	_____

10. List the full name and address of every lesser and sub-lessor of the property where the business is to be conducted.

<u>Name</u>	<u>Lesser or Sub-lessor</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Has any individual, firm, partnership; or corporation been issued a license to sell alcoholic beverages at this location? _____. If yes, give the name of the business, date closed, and reason for closing.

12. State the total amount of capital funds that is or will be invested in this business. \$_____

A. State the total amount of personal funds invested by you the licensee/owner, including the total amount of funds borrowed by you the licensee/owner \$_____

B. State the total amount of personal fund invested by other owners including the total amount of funds borrowed by other owners. \$_____

C. If any capital is borrowed, state name of lender(s), amount of capital borrowed from each, date of the loan(s), and true rate of interest on each. (A copy of note(s) or other evidence of indebtedness, with all amendments, must be attached to the application.)

<u>Name of lender</u>	<u>Address</u>	<u>Amount</u>	<u>Date</u>	<u>Interest</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Name the person(s) that will be the manager(s) of this business, giving all pertinent information. In addition, state how the manager(s) will be compensated.

Name	SSN	Address	Interest (if any}	Compensation
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14. State name of person or firm responsible for preparing and maintaining financial and tax records of this business, giving all pertinent information.

Name	Business Name & Address	Business Phone #
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15. Has this or any place of business associated in any form with the Corporation, LLC, Partnership, LLP, individual ownership, for which this application is submitted, or any owner, partner, shareholder, stockholder, licensee, officer, or employee of any owner shareholder or entity of a shareholder in this application ever been cited charged, indicted, have a pending charge, or been convicted at any time, for any violation of Georgia Law, Federal Law, or any rule or regulation of the State Revenue Commissioner or any rule, regulation, or ordinance of the City of Kennesaw, Cobb County, or other Governmental unit?

Yes () No () If yes, give full details of all the above.

16. Have you, your spouse, the licensee, licensee's spouse, or any person having interest in this business or their spouse, have ever been:

A. Arrested	Yes () No ()	B. Convicted	Yes () No ()
C. Detained	Yes () No ()	D. Indicted	Yes () No ()
E. Pled Guilty	Yes () No ()	F. Pled Nolo Contendre	Yes () No ()
G. On probation	Yes () No ()	H. Any Pending Criminal Charge	Yes () No ()

If you answered "YES" to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of charges(s). Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.

17. Have you, your spouse, the licensee, the licensee's spouse, any person having any interest in this business or their spouse ever had any interest in any business, ever been a licensee, or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicated, or convicted for any offense by any federal, state, county, or city government or has any Business been warned or had any license placed on probation, denied, suspended, or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application will result in denial of the application or revocation of the license.)

18. Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employee owners, and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the amount of hours required for each and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required.

19. What type of materials (written materials, signs, badges, etc.) is provided with the training of employees. Please enclose these materials.

21. Have you read and do you understand all the provisions of the City of Kennesaw and State of Georgia Alcoholic Beverage requirements as stated in Chapter Six of the City of Kennesaw Code of Ordinances and Title Three of the Official Code of Georgia.

YES or NO (Please circle one)

22. Are you aware that the sale of alcoholic beverages to an underage person(s) by you or your employees may result in the suspension or revocation of the alcoholic beverage license.

YES or NO (Please circle one)

23. What written procedures do you have in place to ensure that alcoholic beverages are not sold to underage person(s)? Please attach all documentation relating to such procedures and include an explanation as to their usage. Provide training certification.

24. What procedures do you have in place to ensure that alcoholic beverages are not sold in violation of the City of Kennesaw Code of Ordinances and State Law? Please attach all documentation relating to such procedures and include an explanation as to their usage.

25. What technology, equipment, and products have been or will be implemented in this location to ensure compliance with the City of Kennesaw, Cobb County and State law? (Example: cash registers that require date of birth, cameras, sign, calendars, etc....) List, describe, and indicate the number and the location in the business.

26. Estimated Gross Receipts from this location for the remaining calendar year. \$_____

The applicant or an authorized representative is required to be present at the meeting when the application is heard.

(A copy of photo ID of applicant must be attached)

Attach 2x2
Picture Photo
Here

Owner/Licensee Personal Statement

1. Full name of licensee (Do Not Use Initials): _____
Include maiden name(s), alias(s), etc.
2. Soc Sec #: _____ Business Phone: _____ Cell Phone: _____
3. Home Address: _____ Home Phone: _____
4. Business Address: _____
5. Race: _____ Sex: _____ Height: _____ Weight: _____ Age: _____
Color of Hair: _____ Color of Eyes: _____
6. Place of Birth: _____ Date of Birth: _____
U.S. Citizen: _____ By Birth: _____ Naturalized: _____ (Submit Original Naturalization Card)
Date, Place, and Court: _____ Certificate #: _____
Petition #: _____ Derived Parents Certificate #'s: _____
Date & port of entry: _____
7. How long have you resided in the City of Kennesaw or Cobb County? _____
8. Number of years resided at your present address? _____
9. What has been your occupation for the past five (5) years? _____
10. What is your position title with the business submitting this license application? _____
11. Are you: (Circle one) Single Married Widowed Divorced Separated
12. If married or separated, complete the following information on spouse.
Full Name of Spouse: _____
Soc Sec No: _____ Wife's Maiden Name: _____
Place of Birth: _____ Date of Birth: _____
Place of Marriage: _____ Date of Marriage: _____

U.S. Citizen: _____ By Birth: _____ Naturalized: _____ (Submit Original Naturalization Card)

Date, Place, and Court: _____ Certificate #: _____

Petition #: _____ Derived Parents Certificate #'s: _____

Date & port of entry: _____

Alien Registration #: _____ (Submit Original I551 Card)

Native Country: _____ Date and port of entry: _____

Name of spouse's employer: _____

Address of employer: _____

13. Give names and addresses of all children and stepchildren (regardless of age).

Full Name	Address	Age	Place of Birth
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Give names and addresses of all immediate living relatives;

Parents: _____

Siblings: _____

In-Laws (Father/ Mother) _____

15. Do you have financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the premises? If yes, give details:

16. Do you or does your spouse have any financial interest, or are you or your spouse employed in any wholesale or retail alcoholic beverage business other than the business submitting the license application of which this personal statement is a part? If yes, please give name location, amount of interest, and/or type of employment in each.

17. Are you or your spouse related to anyone who has ownership or is employed by any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each.

18. Education: List name of schools attended, address, dates of attendance and degrees earned.

From / To (MMYY)	School	City, State	Degree earned

19. Employment: List occupation(s) for the past ten years. Include dates of employment and position:

From / To (MMYY)	Company	City, State	Position/ Salary

20. List previous residences for past ten (10) years. Include dates (MMYY) of occupancy, and complete address:

From / To (MMYY)	Address	City, State

21. Have you or your spouse ever been:

- | | | | |
|-----------------|--------------|------------------------|--------------|
| A. Arrested | Yes () No () | B. Convict | Yes () No () |
| C. Detained | Yes () No () | D. Indicted | Yes () No () |
| E. Pled Guilty | Yes () No () | F. Pled Nolo Contendre | Yes () No () |
| G. On Probation | Yes () No () | H. Any Pending Charges | Yes () No () |

If you answered "YES" to any of these questions, list below in complete detail: name, dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

GEORGIA, City of Kennesaw

I, _____ SWEAR/ AFFIRM THAT THE FACTS AND STATEMENTS STATED BY FOREGOING ANSWERS AND ME IN THE ABOVE AND COMPLETE, AND THAT NO FALSE OR FRAUDULENT STATEMENTS ARE MADE HEREIN, AND NO FALSE OR FRAUDULENT STATEMENT OR STATEMENTS HAVE OR, WERE MADE IN ORDER TO PRODUCE THE GRANTING OF AN ALCOHOLIC BEVERAGE LICENSE. I UNDERSTAND THAT ANY FALSEHOODS ARE GROUNDS FOR AUTOMATIC DISMISSAL OF THIS APPLICATION.

I FURTHER CERTIFY THAT I WILL NOTIFY THE CITY OF KENNESAW BUSINESS LICENSE DIVISION OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

I FURTHER CERTIFY THAT I WILL NOTIFY THE CITY OF KENNESAW BUSINESS LICENSE DIVISION OF ANY CHANGE IN MANAGEMENT, LICENSEE, OR OWNERSHIP IMMEDIATELY.

SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

NAME , SIGNATURE AND TITLE OF PERSON OTHER THAN APPLICANT FILLING OUT THIS APPLICATION.

ADDRESS & TELEPHONE NUMBER

THE APPLICANT OR AN AUTHORIZED REPRESENTATIVE IS REQUIRED TO BE PRESENT AT THE MEETING WHEN THE APPLICATION IS HEARD.

ALL QUESTIONS MUST BE ANSWERED

RECEIVED IN KENNESAW BUSINESS LICENSE DEPARTMENT ON _____ AT _____ A.M./P.M.

BY _____ DATE: _____
BUSINESS LICENSE CLERK

Hearing Date Scheduled for Monday _____, 2004 at 6:30PM
TO BE COMPLETED BY THE LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES, AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES

CONSENT FORM

I HEREBY AUTHORIZE THE CITY OF KENNESAW POLICE DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD AND/OR DRIVERS HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA FOR THE PURPOSE OF OBTAINING A PRIVELEDGED ALCOHOLIC BEVERAGE LICENSE.

NAME OF ESTABLISHMENT

FULL NAME PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
-----	------	---------------	------------------------

SIGNATURE

NOTARY PUBLIC

DATE

Submit photocopy of state issued identification.

City of Kennesaw

OWNER/LICENSEE PERSONAL FINANCIAL STATEMENT

Name		Date of Birth	
Social Security #		Name of Spouse	
Residence address		Business/Organization	
City/State/Zip		Business Phone	
Residence Phone		Partner/Officer in any other Business? () Yes () No	
ASSETS		% Interest	LIABILITIES
Cash on hand in banks			Notes payable to banks - Secured
Accts receivable			Notes payable to banks – unsecured
Notes receivable			Notes payable to others
Stocks & Bonds			Accts Payable
Real Estate			Unpaid Taxes
Cash value of Life Insurance			Mortgage on Real Estate
Automobiles			Other debts (itemize)
Deposit Accts			
Credit w/Financial Institutions			
Other assets (Itemize)			
			Total liabilities
			Net Worth
Total Assets			Total Liabilities & Net Worth
Source of Annual income			
Salary			
Bonus & Commissions			
Dividends			
Alimony, Child Support, or Separate Income			
Itemize all loan sources & interest:			
Other income (itemize)			
Total			
General Information			
Unsatisfied judgments or lawsuits pending? () Yes () No			
Are any income tax returns made by you for prior years being contested? () Yes () No		If so, what do you estimate as the additional amount you may be required to pay?	
Are any assets pledged or in joint names other than as described above? () Yes () No		Have you ever been declared bankrupt? () Yes () No	
Do you have a will? () Yes () No		Who is named as your executor?	
Beneficiary:			

As of _____, 20__.

ESTIMATED

THE CITY OF KENNESAW
BUSINESS LICENSE
2529 J.O. STEPHENSON AVE.
KENNESAW GEORGIA 30144
PHONE (770) 424-2874 FAX (770) 429-4559

FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

LICENSEE'S NAME: _____ BUSINESS LIC #: _____

1. FOOD SALE.C; AND ALCOHOLIC BEVERAGE SALE. Financial reports must be attached to support the reported total or CPA certification must be completed attesting to the reported sale. This information must be provided from the financial records of the above establishment on a calendar year basis, or such period during which the establishment has been open

PERIOD FOR WHICH INFORMATION IS PROVIDED: _____(IF EX1STING BUSINESS, MUST BE 1.2 MONTH PERUID, IF NEW BUSINESS, MUST lie 12 MONTH ESTIMATE)

Gross Receipts from food sales this period: \$ _____ (____%)

Gross Receipts from Alcoholic beverage Sales this period: \$ _____ (____%)

Total Food Sales and Alcoholic Beverage Sales this period: \$ _____ (____%)

Briefly describe the method by which receipts axe segregated daily into food sale and alcoholic beverage sale: _____

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

CPA NAME: (PRINTED) NAME OF CPA FIRM PHONE

CPA SIGNATURE BUSINESS ADDRESS CITY/ STATE ZIP

SWORN UNDER: OATH THIS _____ DAY OF _____, 20____.

SIGNATURE OF NOTARY PUBLIC

II. I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sunday from 12:30 p.m. until 12:00 midnight requires valid alcoholic beverage pouring license. valid Sunday Sales pouring license, and that at least 50% of the licensed establishment's annual gross food and alcoholic beverage sales must be derived from the sale of prepared meals and food.

I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of and alcoholic beverage pouring license, including a Sunday Sales pouring license. I further affirm that I understand that the City Of Kennesaw Business License Division may audit our records to verify same at its discretion.

Signature of Licensee/Owner

Sworn under oath this _____ day of _____, 20____.

NOTARY PUBLIC

THIS FORM MUST BE COMPLETED IN FULL OR NO PRIVILEGE POURING LICENSE WILL BE ISSUED.